

IFW 72573/WEF/PJP 3629

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: John R. Coffee et al.

Serial No.: 09/659,850

Examiner: Michael J. Fisher

Filed: September 11, 2000

Art Unit: 3629

For: LOCATION AWARE WIRELESS GATEWAY

1185 Avenue of the Americas
New York, New York 10036



Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment to the above-identified application.

___ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

___ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

___ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE FEE | | | |
|--|------------------------|---|------------------------------------|---|----------------------------------|---|----------------------|--------------|---|---------------------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY OTHER ENTITY |
| Total Claims | 82 | - | * 82 | = | *** | X | 9 | 18 | = | 0 |
| Independent Claims | 5 | - | ** 5 | = | *** | X | 43 | 86 | = | 0 |
| Multiple Dependent Claim(s) Presented ___ Yes <u>X</u> No For First Time | | | | | | | 145 | 290 | | 0 |
| | | | | | | | TOTAL ADDITIONAL FEE | | | |
| | | | | | | | \$ 0 | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Amendment Transmittal Letter
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

— Please charge Deposit Account No. _____ in the amount of \$ _____.
Three copies of this sheet is enclosed.

X A check in the amount of \$ 1020. is enclosed for three-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner of Patents
P.O. Box 1450
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